# CLAIMS ONLY

**Application Number** 10525795

**Filing Date**

**Applicant(s)**

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | Indep | Depend | Indep | Depend | Indep | Depend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | | | |
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| 11 | | / | | | | | 61 | | | | | | | |
| 12 | | / | | | | | 62 | | | | | | | |
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| 20 | | / | | | | | 70 | | | | | | | |
| 21 | / | | | | | | 71 | | | | | | | |
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| 23 | | / | | | | | 73 | | | | | | | |
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| 41 | | | | | | | 91 | | | | | | | |
| 42 | | | | | | | 92 | | | | | | | |
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| 49 | | | | | | | 99 | | | | | | | |
| 50 | | | | | | | 100 | | | | | | | |
| Total Indep | 2 | | | | | | Total Indep | | | | | | | |
| Total Depend | 20 | | | | | | Total Depend | | | | | | | |
| Total Claims | 22 | | | | | | Total Claims | | | | | | | |